Wisconsin
Department of Commerce

Cross Connection Control Performance Test

Safety and Buildings Division
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Regulated Object Number: _____ _____ _____ _____ _____ _____ _____ _____

Personal information you provide may be used for secondary purposes [Privacy Law, s.1504 (1)(m)].

OWNER INFORMATION

Please print clearly in ballpoint pen. Additional information on back page.

Owner Name		Street Address	
City	State Zip Code	Owner's Contact Person	Telephone Number ( )

FACILITY INFORMATION

Facility Name		Street Address	
City	Zip Code	County	

Assembly Location

Manufacturer	Model	Serial Number

Size _____ Assembly Type ☐ RP ☐ RP Detector ☐ PVB/SVB

INITIAL TEST

RP relief valve
Opened at _____ PSID
☐ Did not open

1ST check
☐ Closed tight
☐ Leaked
Static _____ PSID

2nd check
☐ Closed tight
☐ Leaked
Static _____ PSID

FINAL TEST

Opened at _____ PSID

☐ Closed tight
Static _____ PSID

☐ Closed tight
Static _____ PSID

DETECTOR BYPASS ASSEMBLY INITIAL TEST

RP relief valve
Opened at _____ PSID
☐ Did not open

1ST check
☐ Closed tight
☐ Leaked
Static _____ PSID

2nd check
☐ Closed tight
☐ Leaked
Static _____ PSID

DETECTOR BYPASS ASSEMBLY FINAL TEST

Opened at _____ PSID

☐ Closed tight
Static _____ PSID

☐ Closed tight
Static _____ PSID

PRESSURE VACUUM BREAKER INITIAL TEST

Air inlet valve
Opened at _____PSID
☐ Did not open

Check valve
☐ Closed tight
☐ Leaked
Static _____ PSID

PRESSURE VACUUM BREAKER FINAL TEST

Air inlet valve
Opened at _____PSID

Check Valve
☐ Closed tight
Static _____ PSID

ASSEMBLIES IN FIRE PROTECTION SYSTEMS

Note: Include hose stream demand where applicable

Forward Flow Test
Designed flow rate_____GPM Actual flow rate _____GPM

Indicating Control Valves
☐ No. one control valve open ☐ No. two control valve open Valve supervision: ☐ Tamper switch ☐ Locked

Part (s) Replaced/Comments _____

I HEREBY CERTIFY THE TEST RESULTS ARE TRUE AND THE TEST WAS CONDUCTED BY ME PERSONALLY.

Tester Name (print) _____ Registration No. _____ Time of Day _____

Tester Signature _____ Phone No. _____ Date _____

OWNER INFORMATION

The backflow preventer is a mechanical device designed to protect the potable water supply system from being contaminated. There is a physical connection to equipment or water of either unknown or questionable quality, thereby requiring the installation of the backflow preventer. In order to ensure that this device is working as designed, it must be periodically tested.

A test shall be conducted on each backflow preventer prior to it being put into service, after any repairs, and a minimum of once a year thereafter.

It is the responsibility of the owner to make sure the device is tested. The test shall be performed by a department registered Cross Connection Control Device tester.

OWNER'S CONTACT PERSON: The owner's contact person is the name of the person responsible for the backflow preventer maintenance and records. (**Note: Please provide full name.)**

OLD VALUE REPLACEMENT INFORMATION

If this test is for a replacement valve, please include all information for the replacement valve on this form. The manufacturer, model no., serial no., size, and the assembly type of the "old" valve must included on the comment line of this form.

MINIMUM REQUIREMENTS FOR PASSING TEST

RP and RP Detector

- The first check must close tight, and the minimum static PSID must be 3 PSID greater than the recorded relief valve opening PSID.
- The second check must close tight, and have a minimum static 1 PSID.
- The relief valve must open at a minimum static 2 PSID.
- The relief valve must not be leaking upon completion of test.

Pressure Vacuum Breaker/SVB

- The air inlet valve must open at a minimum static 1 PSID.
- The check valve must close tight, and have a minimum static 1 PSID.